



CUSTOMER SURVEY
ENVIRONMENTAL SERVICES DEPARTMENT
Environmental Health Division

PLEASE INDICATE THE AREA(s) OF SERVICE USED TODAY.

DATE:

/ /

- | | |
|---|--|
| <input type="checkbox"/> Plans Submittal | <input type="checkbox"/> Plan Review - Pet Shops |
| <input type="checkbox"/> Plan Review - Food Establishment | <input type="checkbox"/> On Site - Construction Inspections |
| <input type="checkbox"/> Plan Review - Public Accommodations | <input type="checkbox"/> On Site - Final Inspection/ Permit Approval |
| <input type="checkbox"/> Plan Review - School Facilities/ Foodservice | <input type="checkbox"/> Other - Please Indicate below |
| <input type="checkbox"/> Plan Review - Mobile Food Units | |

FRONT COUNTER SERVICE

Please rate your visit to the front counter
in the following categories:

	Excellent	Good	Satisfactory	Poor	N/A
1. Availability and timeliness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Friendliness and Courtesy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Professional in Manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Consistency and Fairness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Overall Quality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Comments:

TECHNICAL STAFF SERVICES

Please rate the technical service:	Excellent	Good	Satisfactory	Poor	N/A
1. Availability and timeliness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Friendliness and Courtesy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Professional in Manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Consistency and Fairness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Overall Quality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment/respond on the following:

6. Were answers to your Plan Review/Construction questions clear? **Yes** **No**

Please comment. _____

7. Were you able to contact employees to answer your questions? **Yes** **No**

Please comment. _____

8. What Information would you like to be able to access via Internet? _____

9. Additional Comments. _____

Thank you for your assistance.